

DEPARTMENT OF MOTOR VEHICLES A Public Service		OE NOWIDEN 1330ED					
	0	PHOTO SEQUENCE NUMBER					
	APPLIC	TOTAL FEE COLLECTED DATE FEES PAID (DATE LINE STAMP)					
	ALL A						
		Temporary Permit Issued					
		☐ Yes Date					
All licensee shown on li	-	nsible for renewing thei	r license prior to the exp	iration date	DATE OL LICENSE EXPIRES		
SECTION A	— APPLYII	NG FOR (Check one box	x.)				
Vehicle Sales		ense	Other Licens				
Original (S				☐ Driver Instructor (20M) ☐ Additional License (20M) (Driver Instructor Only)			
Renewal (expiration) expired license)		License (2017) Vehicle Safet			
			pe or Print) USE YOUR T		-		
NAME (FIRST, MIDE		(-)	, , , , , , , , , , , , , , , , , , , ,		AREA CODE/TELEPHONE NUMB	ER	
					()		
RESIDENCE ADDRI	ESS (NUMBER ANI	O STREET)	CITY		STATE	ZIP CODE	
OTHER ADDRESS,	IF APPLICABLE (P.	O. BOX OR PRIVATE MAIL BOX)	CITY		STATE	ZIP CODE	
DATE OF BIRTH		SEX	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	
		☐ Male ☐ Female					
CALIFORNIA DRIVE	R LICENSE/IDENT	IFICATION CARD NUMBER	EXPIRATION DATE	SOCIAL SECURITY	Y NUMBER		
IFYES, LIST NAME		by or used any name otner	r than the name appearing or	n this question	nnaire?	· Yes No	
CECTION C	EMDI O	VED DV (Information or	avidad must ba tha asm	Employ	ow'o Licopoo \		
FIRM NAME	— EIVIPLO	TED BY (IIIIOIIIIalion pro	rided must be the same as Employ FIRM LICENSE NUMBER CITY		AREA CODE/TELEPHONE NUMBER		
					()		
FIRM ADDRESS (NU	JMBER AND STRE	ET)			STATE ZIP CODE		
SECTION D	— EXPERI	ENCE AND EMPLOYME	NT RECORD FOR PAST	THREEYEA	ARS (List most recent	t first.)	
FROM TO			PLOYERS		DUTIES PERFORMED		
MO YR	MO YR	NAMES, ADDRESSE	ES, TYPE OF BUSINESS				
				_			
(ATTACH SEPARATE	SHEET IF ADDITI	ONAL SPACE IS NEEDED)					
		NAL BACKGROUND IN					
			ed or have you ever applied ufacturer, remanufacturer, tra				
			e safety training organization				
IF YES, LIST L	ICENSE NUMBER			<u> </u>			
Q House vs:	over hed a boo	oinaga aggunational liasass	or application issued by the	State of Calife	rnia Danartmant of Mata		
			e, or application issued by the evoked, suspended or subject				
	•		RTMENT, DATE OF ACTION, AND STATE L			<u> </u>	



FIELD OFFICE USE ONLY

				OL NO.				
3. Were you ever a partner, managerial employee, officer, director, or stockholder in a firm that had a civil judgement or bankruptcy rendered against it, or you as an individual?								
IF YES, DESCR	RIBE TYPE OF LICENSE, LI	CENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE B	ANKRUPTCY FILED, N	AME AND LOCATION (OF COURT OF JURIS	DICTION		
4. Do you cu	rrently have any cri	minal charges pending against you in any ju	risdiction?			☐ Yes ☐ No		
IF YES, LIST T	HE STATE, COURT, CASE N	IUMBER, AND NATURE OF THE CHARGES						
FROM INC	CARCERATION FC n, within the last te	ONS ONLY: FENSES, have you ever been CONVICTED, DLLOWING CONVICTION for any crime or of n years? e To All Applicants below and complete Se	ense, either Fel	ony or Misdeme	eanor, of ANY	☐ Yes ☐ No		
FROM INC	NG TRAFFIC OFF CARCERATION FO n, within the last te	ID ALL-TERRAIN VEHICLE SAFETY TRAIN TENSES, have you ever been CONVICTED, DLLOWING CONVICTION for any crime or of any years?	PLACED ON Plense, either Fel	ROBATION, OF ony or Misdeme	eanor, of ANY	☐ Yes ☐ No		
		IMPORTANT NOTICE TO AL	L APPLICA	NTS				
		OUR APPLICATION, YOU MAY SUBMIT A	_	_	ENCY REPOR	T AND A		
set aside u for licensir still discle in the cand information	inder Penal Code ng purposes. If you ng the conviction cellation of the ten n may not necess of Health and Sa	pled nolo contendere, or if the conviction Section 1203.4, or any other federal or so are awaiting judgment and sentencing on. Failure to disclose all convictions, incomporary permit and may result in the refearily preclude you from receiving a licentifety Code Sections 11357(b), (c), (d) a	state law equiving following entituding those ousal of the occese. Applicants and (e); or 113	alent, you mustry of a plea out-of-state or cupational licer	at disclose the r jury verdict out-of-country ase. Listing al isclose a coreonviction is	e conviction , you must , may result I conviction nviction for		
	FAILU	JRE TO INITIAL WILL DELAY PROCES	SING OF THIS	S APPLICATION	ON			
SECTION E	MISDEMEAN	OR OR FELONY CONVICTIONS						
	CONVICTED			DISPOSITION OF OFFENSE				
CONVICTION DATE		COURT OF JURISDICTION (FULL NAME AND ADDRESS)	Amount	(DESCRIBE	SENTENCE) Jail or	Date		
		,	Fined	Probation	Prison Term	Released		
	SHEET IF ADDITIONAL SPA	<u> </u>						
	— APPLICANT (DERTIFICATION If yof perjury under the laws of the State (of California the	at the foregoin	n is true and c	correct		
SIGNED	ciale, ulluer pella	my or perjury uniter the laws of the state (, Camonna Ula	DATE DATE	y is uue aiiu (.011601.		
Χ								
I hereby certif	y that I am the aut	LICENSEE'S ACKNOWLEDGMENT horized representative of the employing lic receives a temporary permit or license from				ploy the above		
DATE		TITLE (I.E., CORPORATE OFFICER, OWNER, OPERATOR)		LICENSE NO. (SALE	S MANAGER'S LICE	NSE NO.)		
PRINT NAME			AUTHORIZED SIGN	I IATURE				

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING INFORMATION.

ADVISORY STATEMENT

The information required on the attached form pertains to eligibility for issuance of an occupational license. It is required under authority of Division 5 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue an occupational license.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Occupational Licensing Branch, P.O. Box 932342, Sacramento, CA 94232-3420, is responsible for maintaining this information.

DISCLOSURE STATEMENT

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE — You are required by law to provide your social security number or your application will be denied.

"Your social security number will be collected pursuant to California Business and Professions Code Section 30. It is used in the administration of occupational licensing laws to determine eligibility for issuance or renewal of an occupational license subject to the applicable provisions of the California Vehicle Code, California Business and Professions Code Sections 29.5, 30 and 31, as well as California Welfare and Institutions Code Section 11350.6. It is also used to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support and Establishment of paternity and Federal Payments for Foster Care and Adoption Assistance Programs, pursuant to 42 U.S.C. Section 405 and 42 U.S.C. Section 651 et seg.

Your social number is not provided for public inspection; however, it will be provided in response to requests for information from state and federal agencies operating and involved in the collection of taxes and child support payments pursuant to 42 U.S.C. 601 et seq., and California Business and Professions Code Section 30.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to Business and Professions Code Section 30, subdivision(c)."

Please be advised that you may not reapply for a license until a period of one year has elapsed since a previous license for which you are applying now has been revoked, refused, or denied pursuant to California Vehicle Code Sections 11810(d) and 11107(c).

Applicant should retain this page for their information.

OL 16 (REV. 12/2010) www Attachment